



Address and/or Name Change Application

Deferred Presentment

Section 1

Page 1 of 2

Read the following carefully before you complete this form

A change application (include both pages) will only be accepted if it is signed by an Owner/Officer/ Member on file with our Department and the **original** signed application is submitted along with ALL of the required documents and fees.

Checklist for Address Change

The following items must be submitted altogether:

- ☐ Legibly complete application and have an owner or officer sign the **original**.
- ☐ \$50 change of address fee.
- ☐ Return original license or submit the \$100 duplication fee.
- ☐ All locations relocating within the City of Phoenix must provide the attached Zoning Clearance form approved by the City of Phoenix, Planning Department.
- ☐ Make & keep a copy for your records.

Checklist for Name Change

The following items must be submitted altogether:

- ☐ Legibly complete application and have an owner or officer sign the **original**.
- ☐ Return original license(s) or submit the \$100 duplication fee. (principal & branch licenses).
- ☐ Original bond rider with new name.
- ☐ \$250 change of name fee for each licensed location.
- ☐ Make & keep a copy for your records.

INCLUDE these 2 items with the above 5 items for a Name Change

- ☐ If, Corporation; we need the approved amended articles of incorporation with new name.
- ☐ If, foreign corporation; we need the approved amended articles of incorporation and Arizona foreign authority with new name.

INCLUDE this item with the first five items above for only a DBA Name Change

AND all the above items if changing both the name and the DBA.

- ☐ A copy of the trade name certificate showing legal name and DBA name.

Original licenses must be returned, otherwise there is a \$100 duplicate fee charged for each license not returned. **(POST A COPY OF THE CURRENT LICENSE, UNTIL YOU RECEIVE THE ORIGINAL AMENDED LICENSE)**. If both the address and name are being changed at the same time and you are paying the \$100 duplication fee because you are unable to return the original license; the duplicate license fee will only need to be paid for once.

Submit one (1) check for the total of all fees required. Make check payable to the, **Arizona Department of Financial Institutions or AZDFI** and drop off or mail to **2910 North 44th Street, Suite 310, Phoenix, AZ 85018**. The Department will not accept credit or debit cards or an electronic submission of this application.

Licensee must designate a person for each licensed location to oversee the operation of that office. Such person may oversee more than one location.

I (print name here) _____ have read the instructions and have **enclosed ALL of the required documents and fees** for this change according to the above Checklist(s). Signature _____



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LEGIBLY PRINT OR TYPE ALL INFORMATION

To the Superintendent of Financial Institutions, the licensee described in number 1 below hereby request permission to make the following change(s):

☐ Address Change ☐ Name Change ☐ Both Address and Name Change

1. Principal Licensed Location Information (found on principal license):

License Type: Deferred Presentment		Principal Arizona License Number: DPC	
Exact Name of Licensee:			
Exact DBA / Trade name if applicable:			
Address on your "Principal" license:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

2. Licensed location that is changing their address:

License Number for this location:	Date Address Changed or Will Change: / /	This Licensed Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Current Address on license:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

3. The above licensed location (#2 above) will be relocated to:

Designated Branch Manager (Overseer or Contact Person):		This New Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
New Address:		City:	State: Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

4. Name and or DBA Name Change:

New Exact Name:	Date Name Changed or Will Change: / /
New Exact DBA / Trade name if applicable:	

5. Individual to contact regarding the processing of this change:

Name:	Title:	Email Address
Have you attached ALL of the required documents and fees for this change according to the attached Checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, DO NOT submit this request until ALL required documents and fees have been attached.		
Address:		City: State: Zip Code:
Direct Telephone Number & Extension: () - ext.	Fax Number: () -	Toll Free Number: () -

6. Authorized Individual: I hereby certify that to the best of my knowledge, this application contains no misrepresentations or omissions of material facts. An Owner/Officer/Member on file with our Department must sign this form.

Print Name:	Print Title:
Signature:	Date:
Direct Telephone Number & Extension: () - ext.	Fax Number: () -
Toll Free Number: () -	



City of Phoenix
Planning Department

ZONING CLEARANCE FOR DEFERRED PRESENTMENT COMPANIES
(NON CHARTERED FINANCIAL INSTITUTIONS/PAYDAY LOAN COMPANIES)

-FOR PLANNING DEPARTMENT USE ONLY-

Council District:	CITY ZONING AUTHORITY CLEARANCE:
Village:	APPROVED:
Zoning Map:	Date:
Q.S.	Signature:
Zoning:	

- PLEASE READ THE FOLLOWING CAREFULLY-

A *Non-Chartered Financial Institution* is a business other than a state or federally chartered bank, credit union, mortgage lender or savings and loan association that offers check cashing services and loans for payment of a percentage fee. Specifically included are check-cashing businesses that charge a percentage fee for cashing a check or negotiable instrument, "payday loan" businesses that make loans upon assignments of wages received, or businesses that function as deferred presentment services.

The Phoenix City Council has adopted the following spacing and separation standards for non-chartered financial institutions:

- ☐ *Non-chartered Financial Institutions shall not be located within one thousand three hundred twenty (1,320) feet of the same type use. This distance shall be measured from the exterior walls of the buildings or portions thereof in which the businesses are conducted or proposed to be conducted.*
- ☐ *Non-chartered Financial Institutions shall not be located within five hundred (500) feet of a residential use. This distance shall be measured from the exterior walls of the building or portion thereof in which the business is conducted or proposed to be conducted.*

- COMPLETE THE FOLLOWING INFORMATION -

1. Property Address: _____ Zip Code _____
2. Legal Description: _____
Tax Parcel Number: _____
3. Owner or Operators Name: _____
Address: _____
City, State & Zip Code: _____
Phone Number: _____

- ACKNOWLEDGEMENT -

The undersigned hereby certifies as follows:

1. The undersigned is the owner or operator of the existing or proposed use or is authorized to file this form on behalf of the owner or operator.
2. The owner or operator of the existing or proposed use is the owner or lessee of the property on which the use is or will be conducted or is otherwise authorized by the property owner to file this form.
3. If the use does not presently exist, but is proposed to be established, as of the date of the filing of this form, the proposed use complies with applicable Zoning Ordinance separation requirements.
4. The undersigned has read and understands the definitions above and agrees to comply with the requirements established for the operation of a non-chartered financial institution.
5. All information provided on this form is true and correct and to the best of his/her knowledge.

Printed Name _____

Signature _____

Date _____